


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90061 021 \*\*\*150.00

**DOCUMENT # P03000121959**

1. Entity Name  
**BLOOMINGDALE MANAGEMENT, INC.**



Principal Place of Business  
**912 E. FLETCHER AVENUE  
 TAMPA, FL 33612**

Mailing Address  
**912 E. FLETCHER AVENUE  
 TAMPA, FL 33612**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country

02022004 Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2407065** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED  
 660 EAST JEFFERSON STREET  
 TALLAHASSEE, FL 32301**

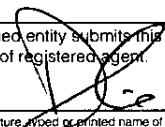
**7. Name and Address of New Registered Agent**

Name **DARON M. COLLADO, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**UNIVERSITY COVE  
 14479 BRUCE B. DOWNS BLVD.**

City **TAMPA** FL Zip Code **33613**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JOHN, PAUL P</b>
STREET ADDRESS	<b>2220 CLIMBING IVY DRIVE</b>
CITY-ST-ZIP	<b>TAMPA, FL 33618</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PAUL, SNEHA T</b>
STREET ADDRESS	<b>2220 CLIMBING IVY DRIVE</b>
CITY-ST-ZIP	<b>TAMPA, FL 33618</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR